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STATE OF HAWAII REGULATED INDUSTRIES COMPLAINTS OFFICE

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

LEIOPAPA A KAMEHAMEHA BUILDING 235 SOUTH BERETANIA STREET, NINTH FLOOR HONOLULU, HAWAII 96813 FAX: (808) 586-2670

HILO OFFICE

345 KEKUANAOA STREET, SUITE 12 HILO, HAWAII 96720

KONA OFFICE

KEAUHOU SHOPPING CENTER, ROOM 134A 78-6831 ALII DRIVE KAILUA-KONA, HAWAII 96740

MAUI OFFICE

1063 LOWER MAIN STREET, SUITE C-216 WAILUKU, HAWAII 96793

KAUAI OFFICE

3060 EIWA STREET, ROOM 204 LIHUE, HAWAII 96766

Dear Consumer:

Before filing your complaint with the Regulated Industries Complaints Office (RICO), we request that you:

- ❖ Write to the other party to resolve your complaint and
- **Send a copy of your letter to our office**
- ❖ A Sample Complaint Letter is attached for your reference

If you know or suspect that the respondent is not appropriately licensed for the type of activity he is engaging in, you may file a complaint directly with RICO without further contact with the respondent. RICO does not condone the hiring of an unlicensed person or encourage any unlicensed person/entity to finish a project.

If you do not receive a response within 14 days, or the response you receive is not satisfactory:

- **❖** Notify RICO in writing by completing the enclosed complaint form
- ***** Attach copies of your correspondence with the other party
- ❖ Include **copies** of all pertinent documents regarding your complaint

If you have already written to the respondent in an attempt to resolve your concerns, you may file your complaint with our office without further contact with the respondent. Please provide us with a copy of your correspondence with the respondent.

After we receive your written complaint, an investigator in the Consumer Resource Center (CRC) will:

- Review your complaint to see if RICO has jurisdiction
- ❖ Determine if there is enough information and evidence to indicate a possible licensing law violation
- Or, determine if your complaint qualifies for RICO's **mediation program**.

Please be aware that:

❖ If you wish to submit a complaint **anonymously**, you will not be informed about what is happening to your complaint as determinations are made.

- ❖ If your complaint is accepted into our case processing system, an investigation and possible legal action could result. RICO is responsible for enforcing certain regulatory laws on behalf of the state of Hawaii. Because we serve the state's interests, we do not act as attorneys or advisors for complainants.
- ❖ Based on your complaint, the violations we allege are determined by the laws and the types of sanctions we may seek. Depending upon the type of case, we may seek fines, injunctions, license suspensions or revocations, or restitution. However, although we ask in our complaint form what would be an acceptable resolution of your complaint, please keep in mind that we may not be able to assist you with what you want.
- Unless you indicate otherwise, your complaint will be considered confidential and will be used for RICO purposes only. You may also seek the advice of your attorney to protect any claims you may have.

To call Oahu-RICO, dial the following toll free numbers: Kauai 274-3141, extension 73222; Maui 984-2400, extension 73222; Big Island 947-4000, extension 73222; Molokai and Lanai 1-800-468-4644, extension 73222.

This printed material may be made available for individuals with special needs in Braille, large print or audio tape. Please submit your request to the Complaints and Enforcement Officer by calling 586-2666.

Rev. 10/2001

SAMPLE COMPLAINT LETTER

Your Address Your City, State, Zip Code

Today's Date

Name of Person You are Complaining To Title (*if applicable*) Company Name (*if applicable*) Street Address or P.O. Box Number City, State, Zip Code

Dear (Name of person you are complaining to):

The Regulated Industries Complaints Office (RICO) recommended I write this letter to you.

On (date), I (bought, leased, rented, had repaired, signed a contract, etc) a/for (name of product or service performed) at (location, or other important details about the transaction).

Unfortunately, your (*product or service*) has not been satisfactory because (*state the problem(s)*). I am disappointed because (*explain your concerns*).

To resolve the problem, I would appreciate your (state the specific action you want). Enclosed are copies of my records (receipts, warranty, cancelled checks – front and back, contracts, and any other pertinent documentation).

I look forward to your written reply and resolution to my problem. Please respond within 14 days of the receipt of this letter or by (*state date 14 days from today's date*). If I do not hear from you I will seek assistance from RICO. Please contact me at the above address or by telephone at (*insert your phone number[s]*).

Very truly yours,

(Your Name)

Enclosures

cc: Regulated Industries Complaints Office

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS REGULATED INDUSTRIES COMPLAINTS OFFICE CONSUMER RESOURCE CENTER

OAHU OFFICE 235 SOUTH BERETANIA STREET, 9TH FLOOR HONOLULU, HI 96813 www.state.hi.us/dcca/rico

For Official Use Only

CONTRACTOR COMPLAINT FORM

Case No.

The contractor you complained against will be informed of this complaint to facilitate resolution of this matter.	Your complaint
may also be referred to mediation, if appropriate. This complaint will not be processed unless this form is com-	ıplete, legible,
signed, dated and includes copies of all available evidence.	

signed, dated and includ	see copies of all at		R NAME		
Please print legibly or type [] Mr. [] Ms. [] Mrs.	(Last)		(First)	(Middle)	
Social security number (opt	tional, for identificati	on purposes only):			
Address:			Telephone n	umber where you may be cont	acted (8:00am-4:30pm):
			Residence n	umber:	
			Business nur	mber:	
NA	ME OF CON	TRACTOR Y	OUR CO	MPLAINT IS AGAI	NST
Name:					
Address:		Phone number:			
			License num	ber:	
			Name of pers	son you dealt with:	
Have you contacted t	he contractor to tr	y and resolve your	complaint?		
If you have not done so	o, please attempt	to resolve your co	omplaint with	the contractor <u>before</u> yo	u file this complaint.
[] Unable to contact the	e contractor				
		uclude names of ner	reone vou con	tacted and dates of contact	1
[] Tes (Flease tell us w	ласпаррепес. п	icidde flames of per	Sons you con	tacted and dates of contact)
		DDO IECT I	NEODMAT	CION	
2 OWNED OF CONSTRUCTI	ON SITE:	PROJECT I		UCTION SITE ADDRESS: street a	and number
2. OWNER OF CONSTRUCTION SITE:		0. 00110111	GOTTON OTTE NEBRIEGO. GROOT	and name of	
ADDRESS:	P	HONE	CITY	ZIP	PHONE
	()			()
4. Describe briefly the work	included in the con	tract:			
CLB-01 Revised 10/03					
5. CONTRACT DATE	6. AMOUNT	7. AMT PAID ON CO	NTDACT	8. DATE WORK STARTED	9. DATE WORK CEASED
J. CONTRACT DATE	J. AIVIOUNT	1. AIVIT FAID ON CO	NITACI	0. DATE WORK STARTED	9. DATE WORK CEASED

	Why did you choose this contractor? [] Regular contractor
11. B	RIEFLY STATE YOUR COMPLAINT:
12.	Is this project a: Residence [] Commercial Building [] Other []
13.	Is this project a: Addition [] Repair/Replace [] New Construction [] New Purchase []
14.	Is contract: Written [] Oral [] New Home Purchase Agreement []
15.	Are there any change orders? Yes [] No []
16.	Is your complaint: Failure to complete [] Workmanship [] Other [] (please explain)
17.	Building permit obtained by: Contractor [] You [] Do not know []
18.	Who presented the contract? (name):
	[] Salesperson
	[] Do not know
	[] Contractor
19.	Does the contractor have any employees? Yes [] If so, how many? No [] Do not know []
20.	Were employees, subcontractors, or materialmen paid? Yes [] No [] Do not know []
21.	Are any liens filed on this job? Yes [] By whom? No[] Do not know []
22.	Did you obtain an estimate from another contractor to complete or correct the job? Yes [] No []
	If yes, provide name, address, phone number of the contractor, and a copy of the estimate.
23.	What would resolve your complaint? Please remember that what you want as a resolution may not be within the jurisdiction of this office.

	ase attach complete COF		he follow	ing docume	nts, if applic	able. Do ı	not send orig	inals,
[]	CONTRACT	[]	CHANGE ORDERS					
[]	RECEIPTS	[]	CANCELD CHECKS (FRONT AND BACK)					
[]	CORRESPONDENCE	[]	PLANS AND SPECIFICATIONS					
[]	OTHER: (PLEASE LIST)							
FOF	R YOUR INFORMATION:							
B. In addition to this complaint, you may also file					ny money for you ttorney for advice	u. Please co e on filing su	ntact ch an action.	
an action in civil court. Please get advice from an attorney on filing such a complaint. If your dispute involves an amount of \$3,500 or less, you may consider filing a claim in Small Claims Court.				Reco	 D. You may be able to file a claim through the Recovery Fund. Please contact your attorney for details. (Refer to Section 444-26, Hawaii Revised Statutes). 			
	nformation contained in this form is present private parties in court.	s true, corre	ct and compl	lete to the best of	my knowledge. I	understand th	at RICO is unable	
Sign	here:					Date	e:	
	ase submit this form with your <u>c</u> THANK YOU OFFICE USE ONLY:		•		ay delay the pro ΓΟ REVIEW YΟ			
	G CHECK: Yes [] No []	l (if yes at	tach printouts	c)				
	CHECK: Yes [] No []		ttach printout					
	R COMPLAINT HISTORY: Yes	· •	•	es, attach printou	ts)			
	information:				·			
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This printed material can be made available for individuals with special needs in braille large print or audio tape. Please submit your request to the Complaints & Enforcement Officer at 586-2666.